

**MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM (PEP)
RIDER REGISTRATION AND EMERGENCY TREATMENT**

Date: _____

☐ New Rider ☐ Return Rider School Attending: _____

No individual can be accepted for riding instruction until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult 18 years of age or over. Riding instructions will be under strict supervision and, although every effort will be made to avoid any accident, **no liability** can be accepted by any of the individuals or organizations concerned or by Michigan 4-H Proud Equestrians Program, its personnel, or affiliates.

Rider Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Diagnosis: _____

Date of Onset: _____ Age: _____ Height: _____ Weight: _____

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Riding Experience: _____

Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person who should be notified in case of emergency in absence of parent/guardian:

Name: _____ Phone: _____

Relationship: _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

You are being asked to complete this form to give an appropriate medical facility permission to treat

_____ (rider's name) for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Preferred Medical Facility: _____

Is there a medical condition requiring special precaution or treatment? ☐ Yes ☐ No

If Yes, please describe: _____

Medications currently being used? ☐ Yes ☐ No

If Yes, please list dosage and description: _____

In case of medical emergency, the undersigned authorizes the Michigan 4-H Proud Equestrians Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of _____ who is participating in the Michigan 4-H Proud Equestrians Program with parent/guardian permission and with the permission of his/her physician _____.

I understand that **no liability** can be accepted by any individual or organization concerned with this program in the event of any accident which may occur.

HEALTH INSURANCE

Name of Policyholder: _____

Name of Company: _____

Policy Number: _____

Name of Policyholder's Employer: _____

The above designated person(s) is(are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature: _____ Date: _____

Witness: _____ Time: _____

**MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM (PEP)
PARENT/GUARDIAN/ADULT RIDER INFORMED
CONSENT AND RELEASE LIABILITY AGREEMENT**

No individual can be accepted for riding instruction until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

I/we assume the risks and accept the consequences involved in the participation of:

_____ (rider's name) in the
Michigan 4-H Proud Equestrians Program.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we recognize that the above listing may not be complete and that a fuller explanation of the possible consequences is available upon request. However, I/we do not wish further explanation.

I/we accept the responsibility for complying fully with all safety regulations and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program for advice and circumstances where safe practices are in doubt.

I/we hereby release Michigan 4-H Proud Equestrians Program, its instructors, staff, volunteers, and any other individuals and/or organizations involved from any liability for injury that may result from participation in the program.

I/we have read and fully understand this document.

Signature: _____
Parent(s)/Guardian/Adult Rider (circle appropriate title)

Date: _____

Witness: _____

Time: _____

**MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM (PEP)
PHOTO RELEASE FORM**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Michigan 4-H Proud Equestrians Program permission to take or have taken still and moving photographs and films, including television pictures of our/my child/ward:

_____ (child's name), or myself
as a legally competent adult rider over the age of 18.

I/we consent and authorize the Michigan 4-H Proud Equestrians Program, its advertising agencies, news media, and any other persons **interested** in the Michigan 4-H Proud Equestrians Program and its work, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including (without limiting), the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical material.

With respect to the foregoing matters, no inducement or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the Michigan 4-H Proud Equestrians Program to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding the Michigan 4-H Proud Equestrians Program and its work.

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Adult Rider over the age of 18

**MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM
PHYSICIAN'S REFERRAL**

County: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Height: _____ Weight: _____

The Michigan 4-H Proud Equestrians Program is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. The instructor has been through the North American Riding for the Handicapped Association and approved by Michigan 4-H Youth Development. Safety equipment and specially trained horses and volunteers are used in each program. In order to ensure the fullest possible protection and greatest personal benefit from the program, **every rider is required to furnish the following medical information before being accepted as a riding student.**

Diagnosis: _____ Date of Onset: _____

If diagnosis is Down's Syndrome, this form *must* be accompanied by one of the following documents:

1. Michigan 4-H Proud Equestrians Program Down's Syndrome Rider Evaluation
2. Michigan Special Olympics Down's Syndrome Athlete Evaluation
3. A signed, dated statement from a qualified physician giving the date and result of a diagnostic x-ray for Atlanto-Axial Dislocation Condition

NOTE: Because of the nature of the activity of horseback riding, no individual diagnosed as having Down's Syndrome can be accepted for riding instruction without proof of a negative diagnostic x-ray for Atlanto-Axial Dislocation Condition.

Medical History: _____

Surgical Procedures: _____

Medications: _____

For: _____

Defects Present In: ☐ Sight ☐ Hearing ☐ Speech ☐ Neuro-sensation
 ☐ Muscle Tone ☐ Balance ☐ Coordination ☐ Mobility

Are braces or other assistive devices used? ☐ Yes ☐ No

Specify: ☐ Crutches ☐ Wheelchair ☐ Other

Comment if Applicable:

Seizures: _____

Incontinence: _____

General Comments: _____

In my opinion, the patient named can receive riding instruction under appropriate supervision.

Physician's Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

NOTE: The Down's Syndrome form may be added to this form if it is **clearly** marked.

**MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM (PEP)
DOWN'S SYNDROME RIDER EVALUATION**

*(To be signed and dated by parent/guardian
and/or adult rider as well as examining physician)*

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

There is increasing evidence from medical research that up to 10% of individuals with Down's Syndrome suffer from a condition known as Atlanto-Axial Dislocation, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down's Syndrome individuals to the possibility of injury if they participate in activities that hyperextend or radically flex the neck muscles. Due to the nature of the activity of horseback riding and sincere concern for the welfare of the students in the program, the Michigan 4-H Proud Equestrians Program is able to accept an individual with Down's Syndrome for riding instruction only after he/she has been examined (including x-ray views of full extension and flexion of the neck) by a physician who has been briefed on the nature of the Atlanto-Axial Dislocation condition.

Parent/Guardian and/or Adult Rider Consent

I, the undersigned parent/guardian or adult rider, have read and understand the above message and do hereby consent to and authorize the physician's examination, or release of the results if the examination has already been performed, prior to the student's beginning riding instruction.

Date: _____

Signature of Parent/Guardian and/or Adult Rider

Physician's Statement

On examination of the rider, whose name is noted at the top of this page, and upon review of the rider's cervical spine x-rays, including full flexion and full extension views, I find the rider has:

Check one: ☐ No evidence of Atlanto-Axial Dislocation
 ☐ Positive or equivocal evidence of Atlanto-Axial Dislocation

Physician's Signature: _____ Date: _____

Please Print:

Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This evaluation is not valid until the date and signature of the parent/guardian or adult rider and physician is affixed.

**MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM (PEP)
PHYSICAL OR OCCUPATIONAL THERAPIST
AND/OR TEACHER ASSESSMENT**

Rider's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School or Group Affiliation: _____

Diagnosis: _____

The Michigan 4-H Proud Equestrians Program is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. The instructor has been certified and approved by Michigan 4-H Youth Development through the North American Riding for the Handicapped Association. Safety equipment and specially trained horses and volunteers are used in each program.

In order to ensure the fullest possible protection and greatest personal benefit for each rider, you are asked to furnish the following information, to be used in conjunction with the rider's **Physician's Referral**, in developing his/her individualized program. All information is maintained in confidentiality as prescribed by Public Laws 94-142.

Physical Limitations: _____

Precautions to be observed:

1. Mounting: _____

2. Riding: _____

3. Dismounting: _____

NOTE: Mounting blocks and ramps are available for use as needed.

Suggested Exercises:

1. Pre-ride: _____

2. Mounted: _____

3. Post-ride: _____

Social/Emotional Responses:

1. Attitude: _____
2. Communication: _____
3. Behavior: _____

Suggested areas to be improved through participation in the Michigan 4-H Proud Equestrians Program.

COMMENTS:

Signature: _____
Physical/Occupational Therapist

Address: _____

City: _____ State: _____ Zip Code: _____